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7590

03/23/2004

John C Evans  
 Reising Ethington Barnes Kisselle  
 Learman & McCulloch PC  
 P O Box 4390  
 Troy, MI 48099-4390



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Kristina Black	(Depositor's name)
<i>Kristina Black</i>	(Signature)
June 7, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/533,741	03/23/2000	Thomas M. D'Angelo	P-3009.2	1020

TITLE OF INVENTION: METHOD OF MAKING CORRUGATED PART

06/10/2004 EFLORES1 00000142 09533741

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	06/23/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
STAICOVICI, STEFAN	1732	264-150000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Reising, Ethington,  
 Barnes, Kisselle, P.C.

2. \_\_\_\_\_

3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Hahn Elastomer Corporation

Plymouth, Michigan

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☐ Issue Fee☐ Publication Fee☐ Advance Order - # of Copies 5

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0852 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

William J. Schramm, Reg. No. 24,795

(Authorized Signature)

(Date)

*William J. Schramm* 6-7-2004

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06/10/2004 EFLORES1 00000107 500852 09533741

01 FC:1501 1330.00 DA  
 02 FC:1504 300.00 DA  
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